

MASTER SERVICE AGREEMENT TABLE UPDATE FORM

Department/Organization Name



Commonwealth of Massachusetts
Office of the Comptroller

MSER

Action: Entry(E) Modify(M)		Dept	MSA Number	Obj	Title
Text Ind	MSA Start Date	MSA End Date	Change Date Ind		

MSVR

MSA Number	Vendor Code	Vendor Name
Vendor Address	Business Address	

LN	Region	Service Code	Service Description	Prog Code	Prog Number
Start Date	End Date	Service Unit	Low Rate	High Rate	

LN	Region	Service Code	Service Description	Prog Code	Prog Number
Start Date	End Date	Service Unit	Low Rate	High Rate	

Prepared By: _____ Title: _____ Date: _____ Page _____ of _____

Entered By: _____ Title: _____ Date: _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Approved By: _____ Title: _____ Date: _____ Phone #: _____